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PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re Application of: Richard T. Halishak

Serial No. 10/808,893

Group Art Unit: 2632

Filed: March 25, 2004

Examiner: LABBEES

For: MULTIPLE EMERGENCY VEHICLE ALERT SYSTEM

Docket No.: 16-451

MAIL STOP FEE AMENDMENT

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

AMENDMENT TRANSMITTAL

1. Transmitted herewith is a response to an Office Action mailed September 19, 2005 for approval by examiner for this application.

STATUS

2. Applicant is

XX a small entity
_____ other than a small entity.

CERTIFICATE OF MAILING (37 CFR 1.8a)

I hereby certify that this paper (along with any referred to as being attached or enclosed) is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: "Mail Stop No Fee Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450".

Mary T. Uthoff

(type or print name of person mailing paper)

Mary T. Uthoff

(signature of person mailing paper)

Date: Wednesday, January 18, 2006

EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37CFR 1.136 apply.

(complete (a) or (b) as applicable)

(a) XX Applicant petitions for an extension of time for the total number of months checked below:

| | Extension (months) | Fee for Other than Small Entity | Fee For Small Entity |
|-----------|-----------------------|------------------------------------|-------------------------|
| <u>XX</u> | One-Month | 120.00 | 60.00 |
| | Two-Month | 450.00 | 225.00 |
| | Three-Month | 1020.00 | 510.00 |
| | Four-Month | 1590.00 | 795.00 |
| | Fifth-Month | 2160.00 | 1080.00 |

Fee \$60.00

If an additional extension of time is required please consider this a petition therefor.

(check and complete the next item, if applicable)

_____ An extension for _____ months has already been secured and the fee paid therefor of
\$ _____ is deducted from the total fee due for the total months of extension now requested.

Extension fee due with this request \$

OR

(b) _____ Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

FEE FOR CLAIMS

4. The fee for claims has been calculated as shown below:

| | Claims Remaining After Amendment | | Highest No. Previously Paid For | | Present Extra | | Rate | Small Entity Additional Fee | | Rate | | Other Than Small Entity Additional Fee |
|--|-------------------------------------|-------|---------------------------------------|---|------------------|---|-----------------|--------------------------------------|---|--------------|---|--|
| Total | 21 | MINUS | 20 | = | 1 | X | 25.00 | | X | 50.00 | = | |
| Indep. | 5 | MINUS | 3 | = | 2 | X | 100.00 | | X | 200.00 | = | |
| | | | | | | | | | | | | |
| First Presentation of Multiple Dependent Claims | | | | | | X | 180.00 | | X | 360.00 | = | |
| TOTAL | | | | | | | \$225.00 | - OR - | | Total | | \$ 0.00 |

* If the Highest No. Previously Paid for in this space is less than 20, enter "20".

** If the Highest No. Previously Paid for in this space is less than 3, enter "3".

(c) _____ No additional fee is required

OR

(d) XX Total additional fee required \$ 285.00

FEE PAYMENT

XX Attached is a check in the sum of \$ 285.00

 Charge Account No. 23-0630 in the sum of \$

Fee Deficiency

6. XXX If any additional extension and/or fee is required, this is the request therefor and to charge Account No. 23-0630

And/Or

XXX If any additional fee for claims is required, charge Account No. 23-0630.


(Signature of Attorney)

Stephen J. Schultz
(Type or Print Name of Attorney)

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